

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No. PCT/US03/02891

International Filing Date 31.01.03

Name of receiving Office and "PCT International Application" USA

Applicant's or agent's file reference
(if desired) (12 characters maximum)

Box No. I TITLE OF INVENTION

FACER BEAM BARRIER SYSTEM

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NELSON, THOMAS PAGE
63 TSAR ASSEN I
OFFICE 5 2nd Fl.
SOFIA, 1463, BULGARIA

☒ This person is also inventor.

Telephone No.

359-2 952 0058

Facsimile No.

Teleprinter No.

069 0889 352 771

State (that is, country) of nationality:

USA

State (that is, country) of residence:

BULGARIA / USA

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:



all designated States



all designated States except the United States of America



the United States of America only



the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:



agent



common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

NELSON, THOMAS PAGE
63 TSAR ASSEN I
OFFICE 5 2nd Fl.
SOFIA 1463, BULGARIA

Telephone No.

359-2 952 0058

Facsimile No.

Teleprinter No.

e-mail
tpnelson2000@yahoo.com

☒ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.